



Processing Center · P.O Box 3825 · Suwanee, GA 30024

John Q. Sample
123 Anystreet Ln.
Apt. 123
Anycity, TX 78701

July 2, 2013

Dear John Q. Sample,

We are writing to inform you of an incident involving your personal information.

CalViva Health was made aware of a privacy incident at Health Net, Inc. Health Net is a business associate of CalViva Health. The incident involved a number of CalViva Health Medi-Cal members. As part of a recent program transition, new plan member identification cards for some members were mailed to an incorrect member address. Health Net learned of the incident on May 3, 2013 and an investigation was done immediately. Based on the investigation, it was determined that a programming error at Health Net resulted in some of the member identification cards being sent to an old address. The error has been corrected to help ensure that subsequent mailings are not affected by this error.

We have reason to believe that your identification card was among those mailed to an incorrect address Health Net had on file for you. The information on the identification card was limited to your name, date of enrollment in CalViva Health, name, address and telephone number of your primary care physician, date of issue of the card and your Medi-Cal client identification number. **Neither your Social Security number nor any financial information was included in the information on the identification card.**

You have privacy rights under Federal law and state law that protect your health information. We must follow this law to protect your privacy rights. These rights are important for you to know. You can exercise these rights, ask questions about them and file a complaint if you believe your rights are being denied or your health information has not been protected. You may find out more about your privacy rights by reading our Notice of Privacy Practices, a copy of which is attached.

We respect your right to file a complaint with us or with the Department of Health and Human Services through the Office for Civil Rights at (800) 368-1019 (TTY/TDD use 711).

Keeping your personal information secure is of the utmost importance to us. We sincerely regret any inconvenience this may have caused you. We have taken steps to help prevent this type of incident from happening again.

If you have questions regarding this incident, please call 855-398-6441 toll free Monday through Saturday 6:00 a.m. to 6:00 p.m., PDT.

Sincerely,

Mary Beth Corrado

Mary Beth Corrado
Chief Compliance Officer
CalViva Health



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

CalViva Health provides health care coverage to you for the Medi-Cal Program. We are required by state and federal law to protect your health information. We must give you this Notice that tells how we may use and share your information and what your rights are.

Your information is personal and private.

We receive information about you from Medi-Cal after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs and hospitals in order to pay for your health care.

CHANGES TO NOTICE OF PRIVACY PRACTICES

CalViva Health must obey this Notice. We have the right to change these privacy practices. If we do make changes, we will revise this Notice and send it to you.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by CalViva Health only for a reason directly connected to the Medi-Cal Program.

The information we use and share includes:

- Your name,
- Address,
- Personal information about your circumstances,
- Medical care given to you, and
- Your medical history.

Some Examples

For treatment: You may need medical treatment that requires us to approve care covered by Medi-Cal in advance. We will share information with doctors, hospitals and others in order to get you the care you need.

For payment: CalViva Health reviews, approves and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.

For health care operations: We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning and general administration. We also provide the names of members to

county immunization reporting registries who report to CalViva Health whether members have received immunizations to assess their immunization status and to report related information to the California Department of Health Care Services. Members may instruct their health care provider that they do not consent to the provider's sharing of their immunization information with a county immunization registry.

Actions we take when we act as a Medi-Cal plan include checking your eligibility, enrollment and amount of medical aid, approving, giving and paying for Medi-Cal services, and investigating or prosecuting Medi-Cal cases (such as fraud).

OTHER USES FOR YOUR HEALTH INFORMATION

We may also send you information about free medical exams and food programs.

We will also send your information when we are required or permitted to do so by law.

Sometimes a court will order us to give out your health information. We will also give out your health information when legally required to do so for the operations of Medi-Cal. This may involve fraud or actions to recover money from others, when Medi-Cal has paid your medical claims.

You or your doctor, hospital and other health care providers may appeal decisions made about claims for your Medi-Cal care. Your health information may be used to make these appeal decisions.

WHEN WRITTEN CONSENT IS NEEDED

If we want to use your information for a purpose not listed above, we must get your written consent. If you give us your consent, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box or phone number.

We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to get a copy of your Medi-Cal information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by CalViva Health, or we believe it is correct and complete.

If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.

When we share your health information for reasons other than treatment, payment or CalViva Health operations, you have the right to request a list of whom we shared the information with, when we shared it, for what reasons, and what information was shared.

***** IMPORTANT *****

CALVIVA HEALTH DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use the privacy rights explained in this Notice, please call or write us at:

CalViva Health Privacy Office
Attention: Chief Compliance Officer
1315 N. Van Ness Ave., Suite 103
Fresno, CA 93721
Phone: 1-866-863-2465
Fax: (559) 486-5892
Email: privacy@calvivahealth.org

COMPLAINTS

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

Privacy Officer
c/o Office of Legal Services
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 255-5259 or 1-877-735-2929 TTY/TDD
E-mail: Privacyofficer@dhcs.ca.gov

OR

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102
For more information, call 1-800-368-1019

OR

U.S. Office for Civil Rights at 1-866-OCR-PRIV 1-866-627-7748) or 1-866-788-4989 TTY

USE YOUR RIGHTS WITHOUT FEAR

CalViva Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use the privacy rights in this Notice.

QUESTIONS

If you have questions about this Notice and want further information, please contact us at the address and phone number provided above.